

JUL 15 2010

PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032
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FEES PURSUANT TO THE CONSOLIDATED APPROPRIATIONS ACT, 2005 (H.R. 4818). FEES TRANSMITTAL For FY 2009		Complete if Known	
		Application Number	10/600,584-Conf. #5497
		Filing Date	June 19, 2003
		First Named Inventor	Robert W. Blakesley
		Examiner Name	C. M. Babic
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1637
TOTAL AMOUNT OF PAYMENT (\$) 1,810.00		Attorney Docket No.	55670DIV(45858)

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: <u>04-1105</u>		Deposit Account Name: <u>Edwards Angell Palmer & Dodge LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) _____ 52 26							
Each independent claim over 3 (including Reissues) _____ 220 110							
Multiple dependent claims _____ 390 195							
Total Claims Extra Claims Fee (\$) Fee Paid (\$) - 20 or HP = _____ x _____ = _____				Multiple Dependent Claims Fee (\$) Fee Paid (\$) _____			
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = _____ x _____ = _____				HP = highest number of independent claims paid for, if greater than 3.			
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____				Fees Paid (\$) _____			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount) _____ 1,510.00							
Other (e.g., late filing surcharge): 1501 Utility issue fee _____ 300.00 1504 Publication fee for early, voluntary, or normal ... _____							

SUBMITTED BY	
Signature	<i>Kathryn A. Piffat, Ph.D.</i>
Name (Print/Type)	Kathryn A. Piffat, Ph.D., Esq.
Registration No. (Attorney/Agent)	34,901
Telephone	(617) 517-5516
Date	July 15, 2010

COPY

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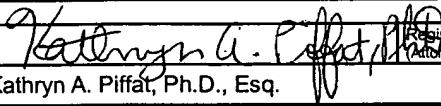
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
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SUBMITTED BY							
Signature				Registration No. (Attorney/Agent)	34,901	Telephone	(617) 517-5516
Name (Print/Type)	Kathryn A. Piffat, Ph.D., Esq.			Date	July 15, 2010		